

FIG. 1

2/29

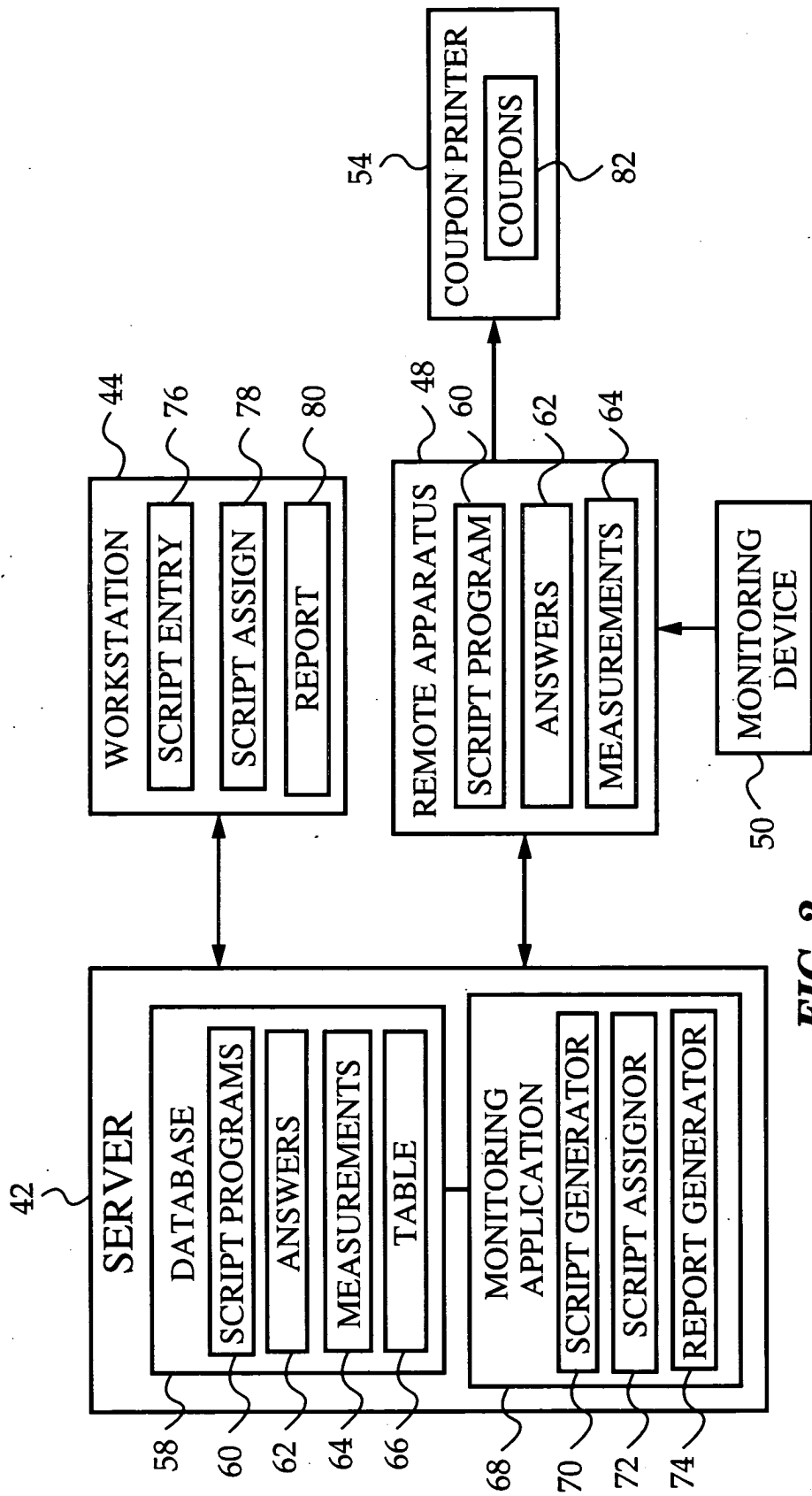


FIG. 2

2025 RELEASE UNDER E.O. 14176

705 14

3/29

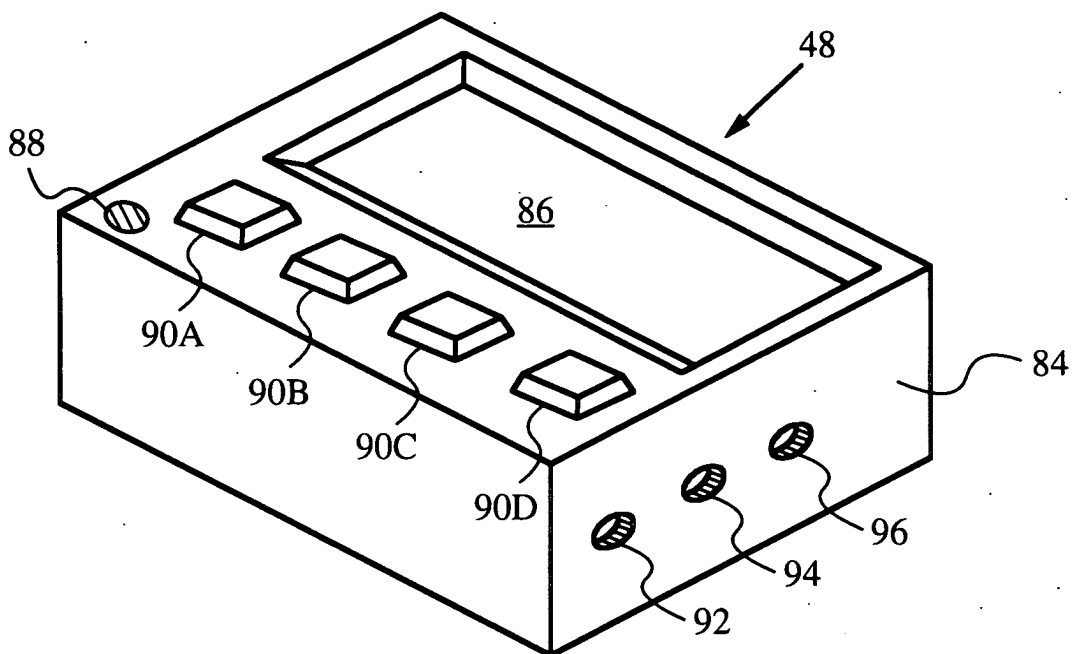


FIG. 3

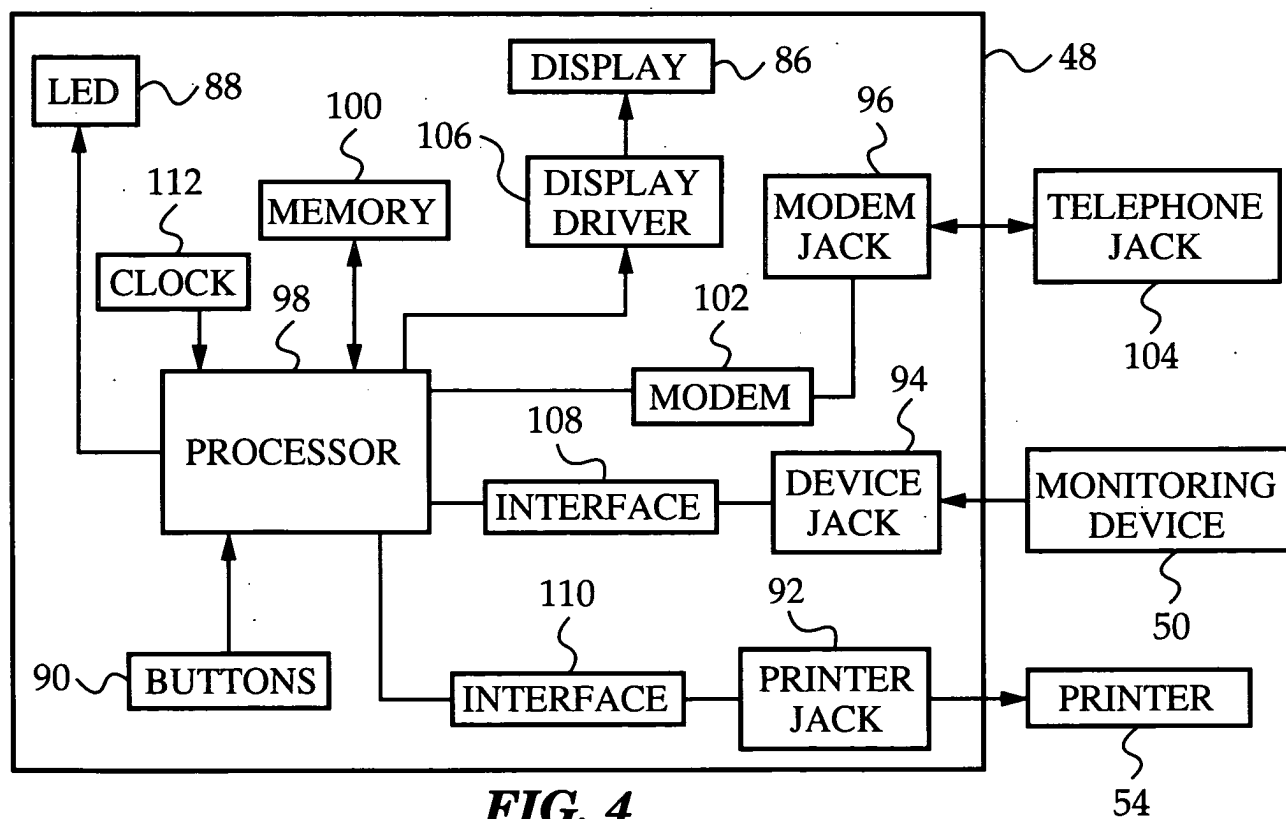


FIG. 4

76

705 14

4/29

SCRIPT ENTRY SCREEN

SCRIPT NAME:

DIABETES SCRIPT 1

COMPLIANCE QUESTIONS

	CHOICE 1	CHOICE 2	CHOICE 3	CHOICE 4
HOW WELL ARE YOU FOLLOWING YOUR TREATMENT PLAN?	VERY BADLY	BADLY	WELL	VERY WELL
HOW MANY HYPOGLYCEMIC EPISODES HAVE YOU HAD IN THE PAST WEEK?	0	1	2	> 2
HOW MANY HYPERGLYCEMIC EPISODES HAVE YOU HAD IN THE PAST WEEK?	0	1	2	> 2
DID YOU TEST YOUR BLOOD SUGAR BEFORE BREAKFAST THIS MORNING?	YES	NO		
DID YOU EXERCISE TODAY?	YES	NO		

NEXT PAGE

FIG. 5A

SCRIPT ENTRY SCREEN

SELECT MONITORING DEVICE TYPE(S)

124 ☒ GLUCOSE MONITOR ☐ BP CUFF ☐ PEAK FLOW METER ☐ WEIGHT SCALE

SELECT EVALUATION CRITERIA

MINIMUM MEASUREMENT VALUE	60 MG/DL	128
<input checked="" type="checkbox"/> 126		

MAXIMUM MEASUREMENT VALUE

X NUMBER OF MEASUREMENTS

	MINIMUM QUESTION SCORE
X	

SELECT COUPON TYPE

130 ~ ☒ SUGAR-FREE FROZEN YOGURT

☐ SUGAR-FREE FRUIT BAR

☐ SUGAR-FREE POPSICLE

CONNECTION TIME: 03:00 ∇ \sim 132 MONITORING INTERVAL: 1 DAY ∇ \sim 134

CREATE SCRIPT 136

CANCEL 138

PREVIOUS PAGE 140

FIG. 5B

6/29

NUMBER: 9001 {LF}

LED: 1 {LF}

ZAP: {LF}

CLS: {LF}

DISPLAY: ANSWER QUERIES NOW?
PRESS ANY BUTTON TO START {LF}

WAIT: {LF}

CLS: {LF}

DISPLAY: HOW WELL ARE YOU FOLLOWING
YOUR TREATMENT PLAN?
VERY VERY
WELL BADLY WELL WELL {LF}

INPUT: OOOO {LF}

CLS: {LF}

DISPLAY: HOW MANY HYPOGLYCEMIC EPISODES
HAVE YOU HAD IN THE PAST WEEK?

0 1 2 >2 {LF}

INPUT: OOOO {LF}

CLS: {LF}

DISPLAY: HOW MANY HYPERGLYCEMIC EPISODES
HAVE YOU HAD IN THE PAST WEEK?

0 1 2 >2 {LF}

INPUT: OOOO {LF}

CLS: {LF}

DISPLAY: DID YOU TEST YOUR BLOOD SUGAR
BEFORE BREAKFAST THIS MORNING?

YES NO {LF}

INPUT: OOXX {LF}

CLS: {LF}

DISPLAY: DID YOU EXERCISE TODAY?

YES NO {LF}

FIG. 6A

0007543-11197
"ETAT" 680246

7/29

INPUT: OOX {LF}

CLS: {LF}

DISPLAY: CONNECT GLUCOSE METER
AND PRESS ANY BUTTON
WHEN FINISHED {LF}

WAIT: {LF}

CLS: {LF}

DISPLAY: COLLECTING MEASUREMENTS {LF}

COLLECT: GLUCOSE_METER {LF}

CLS: {LF}

COUNT: {LF}

MAX: {LF}

MIN: {LF}

IF MAX_VALUE < 320 AND MIN_VALUE > 60 AND NUMBER > 2
THEN PRINT: YOGURT {LF}

DISPLAY: CONGRATULATIONS,
YOU ARE IN COMPLIANCE!
KEEP UP THE GOOD WORK! {LF}

ELSE DISPLAY: YOU ARE NOT IN COMPLIANCE.
YOU MUST MEASURE YOUR BLOOD
SUGAR 2 TIMES PER DAY AND KEEP IT
BETWEEN 60 AND 320 MG/DL {LF}

CLS: {LF}

DISPLAY: CONNECT APPARATUS TO
TELEPHONE JACK AND
PRESS ANY BUTTON
WHEN FINISHED {LF}

WAIT: {LF}

LED: 0 {LF}

CLS: {LF}

DELAY: 03:00 {LF}

CONNECT: {LF}

{EOF}

FIG. 6B

0897543-12197

705 14

8/29

78

SCRIPT ASSIGNMENT SCREEN

AVAILABLE SCRIPTS:	PATIENTS:
<input checked="" type="checkbox"/> <u>DIABETES SCRIPT 1</u>	<input checked="" type="checkbox"/> <u>DAN LINDSEY</u>
<input type="checkbox"/> <u>DIABETES SCRIPT 2</u>	<input type="checkbox"/> <u>MARK SMITH</u>
<input type="checkbox"/> <u>ASTHMA SCRIPT 1</u>	<input type="checkbox"/> <u>DEAN JONES</u>

142 144 148 150

146 ADD SCRIPT ASSIGN SCRIPT DELETE SCRIPT

FIG. 7

HOW WELL ARE YOU FOLLOWING YOUR TREATMENT PLAN?

VERY BADLY BADLY WELL VERY WELL

☐ ☐ ☐ ☐

90A 90B 90C 90D

FIG. 8

CONNECT GLUCOSE METER AND PRESS ANY BUTTON WHEN FINISHED

☐ ☐ ☐ ☐

90A 90B 90C 90D

FIG. 9

9/29

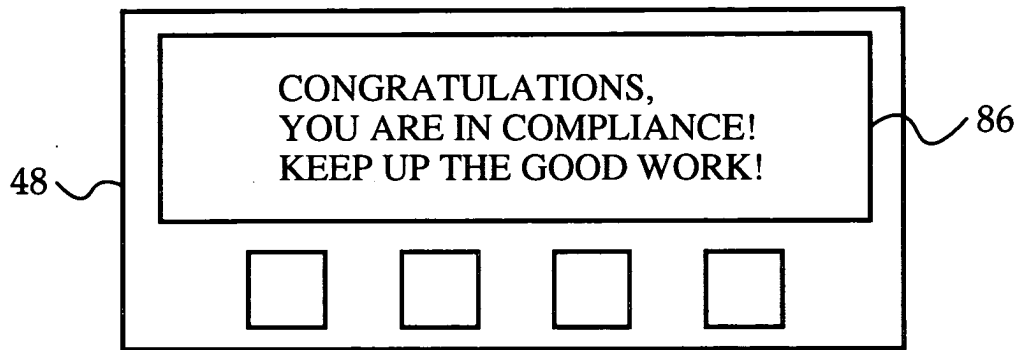


FIG. 10

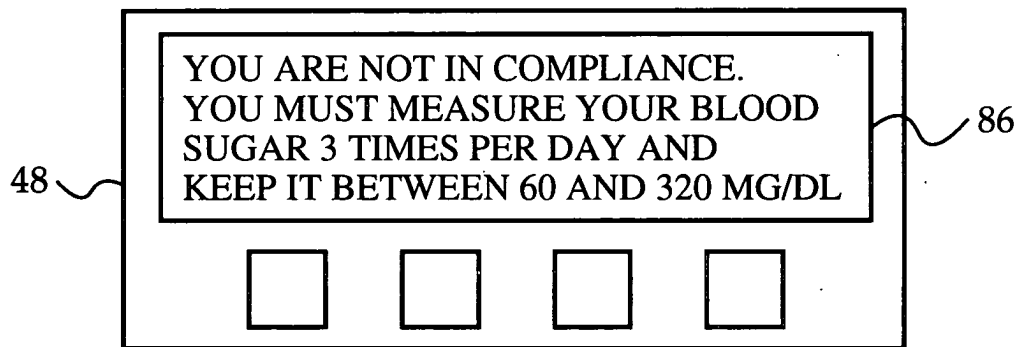


FIG. 11

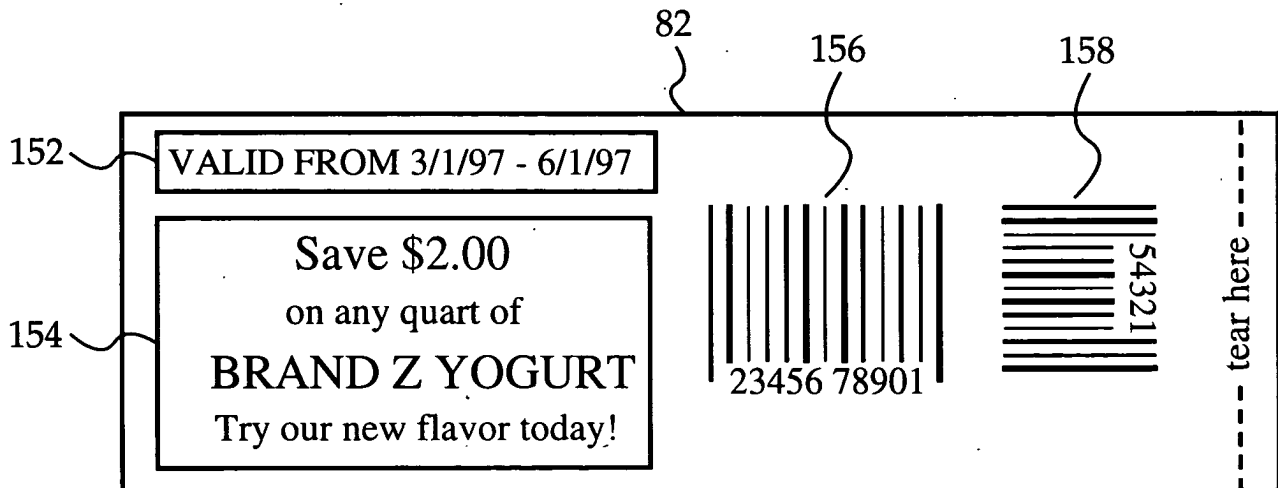


FIG. 12

06975243 . 1.1.2.1.97

80

705 14

10/29

PATIENT REPORT

PATIENT:

DATE OF SURVEY:



62

160

ANSWERS

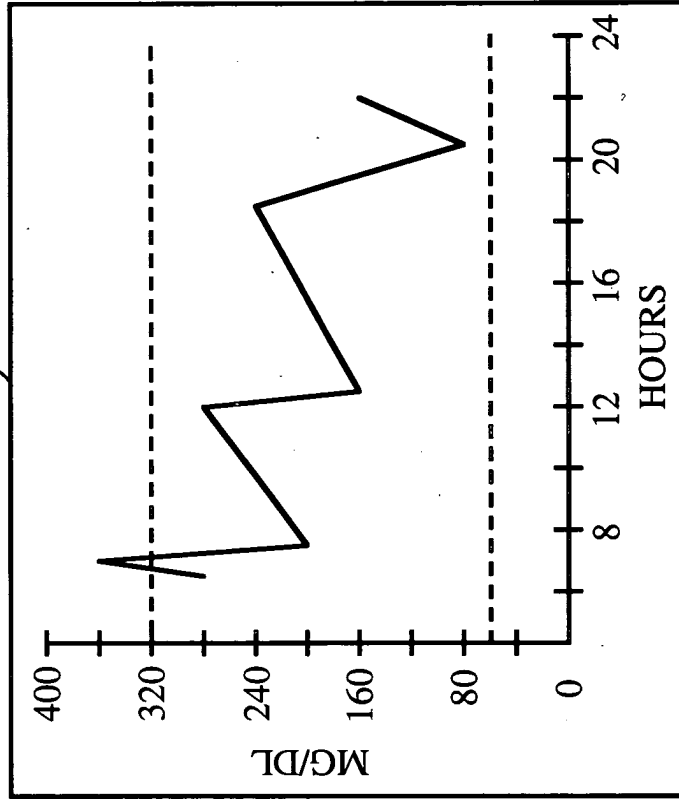
HOW WELL ARE YOU FOLLOWING YOUR TREATMENT PLAN?

HOW MANY HYPOGLYCEMIC EPISODES HAVE YOU HAD IN THE PAST WEEK?

HOW MANY HYPERGLYCEMIC EPISODES HAVE YOU HAD IN THE PAST WEEK?

DID YOU TEST YOUR BLOOD SUGAR BEFORE BREAKFAST THIS MORNING?

DID YOU EXERCISE TODAY?



STATUS:

162

FIG. 13

11/29

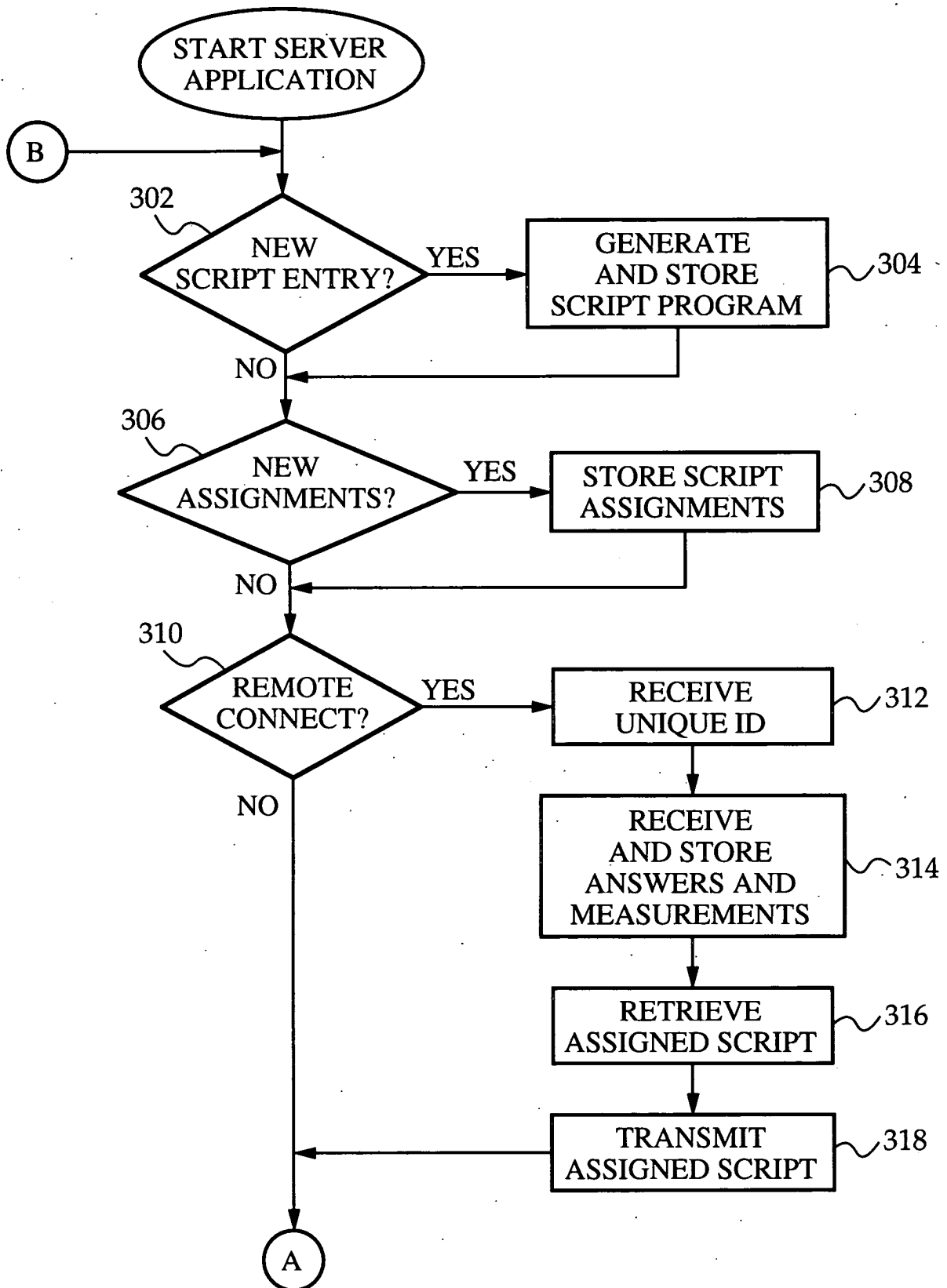


FIG. 14A

12/29

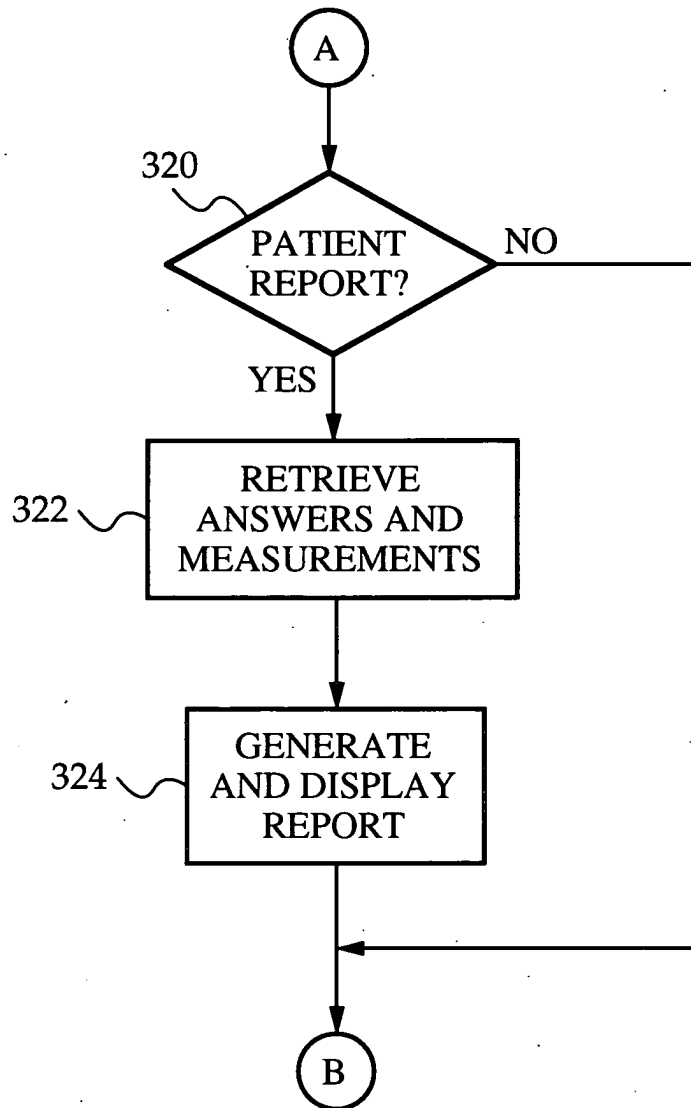


FIG. 14B

13/29

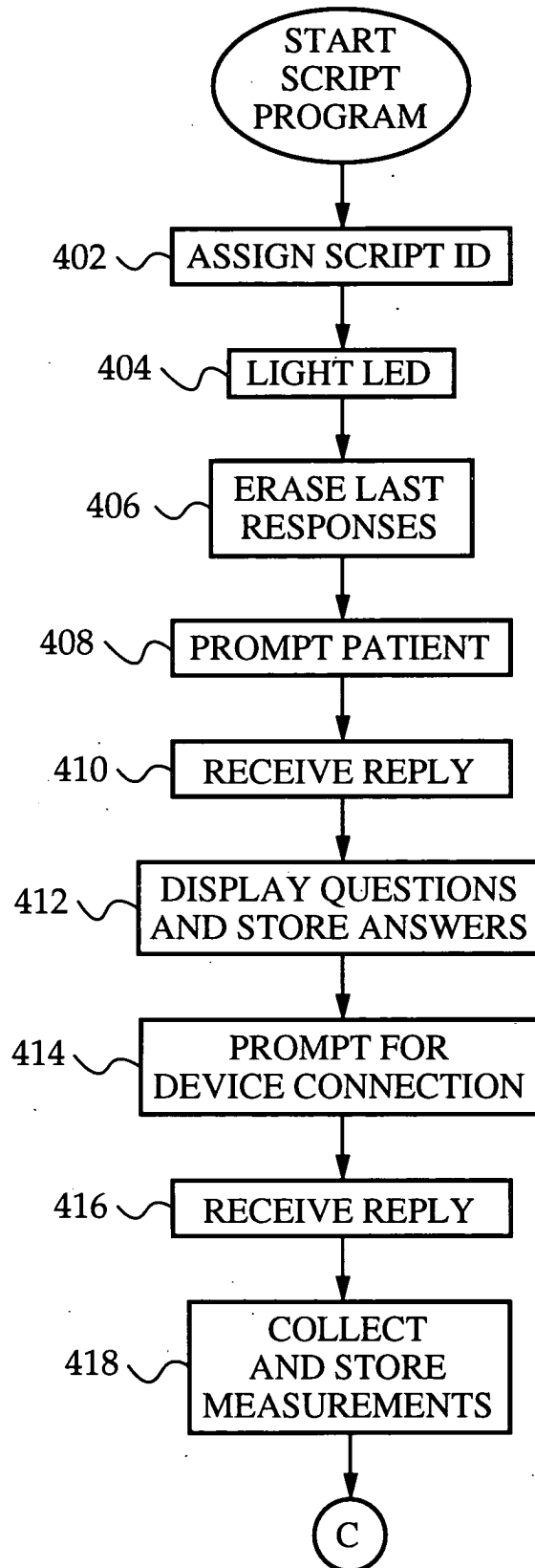


FIG. 15A

03975243.1 319

467377 2424680

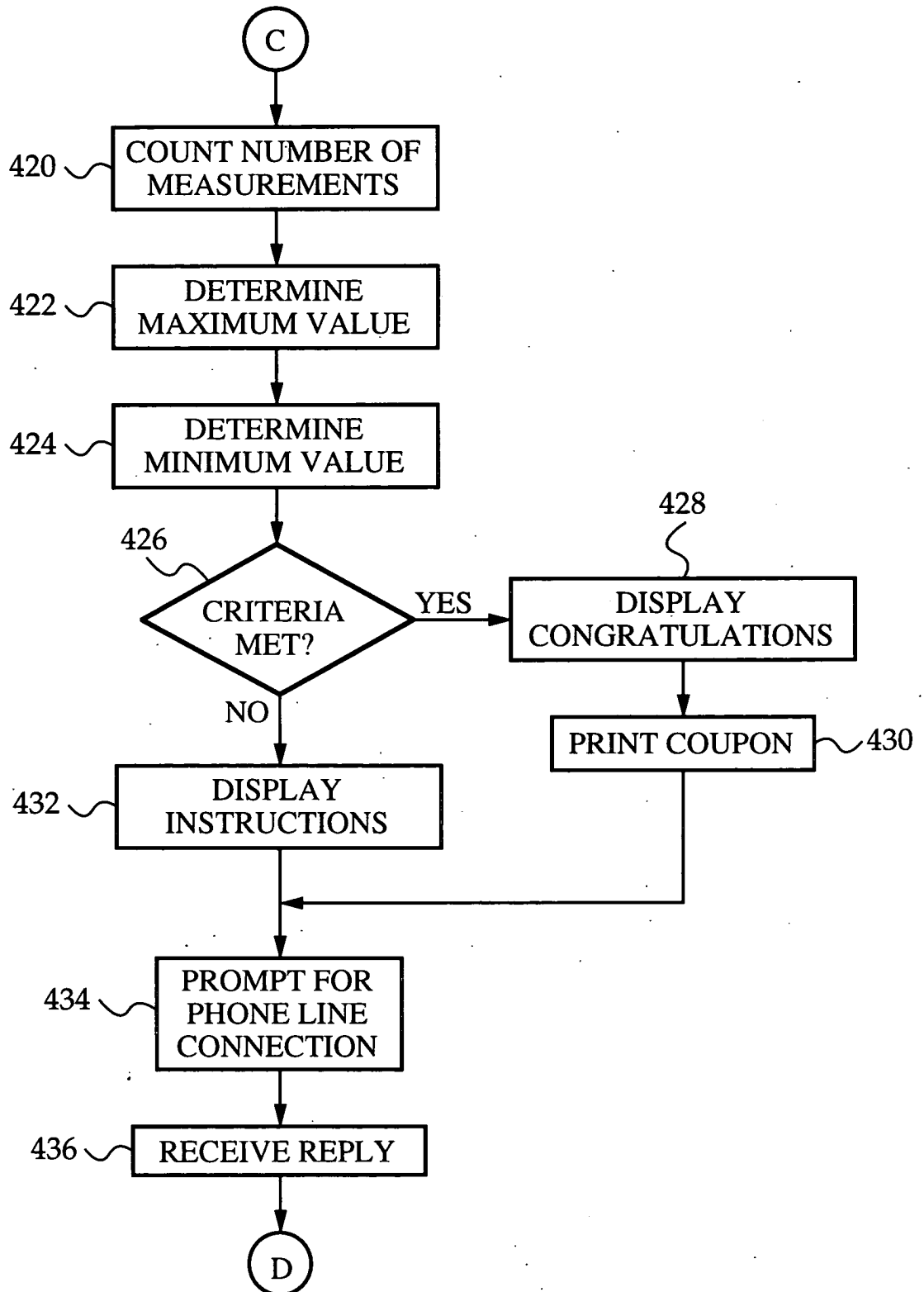


FIG. 15B

067543-1197

FIG. 1
705 14

15/29

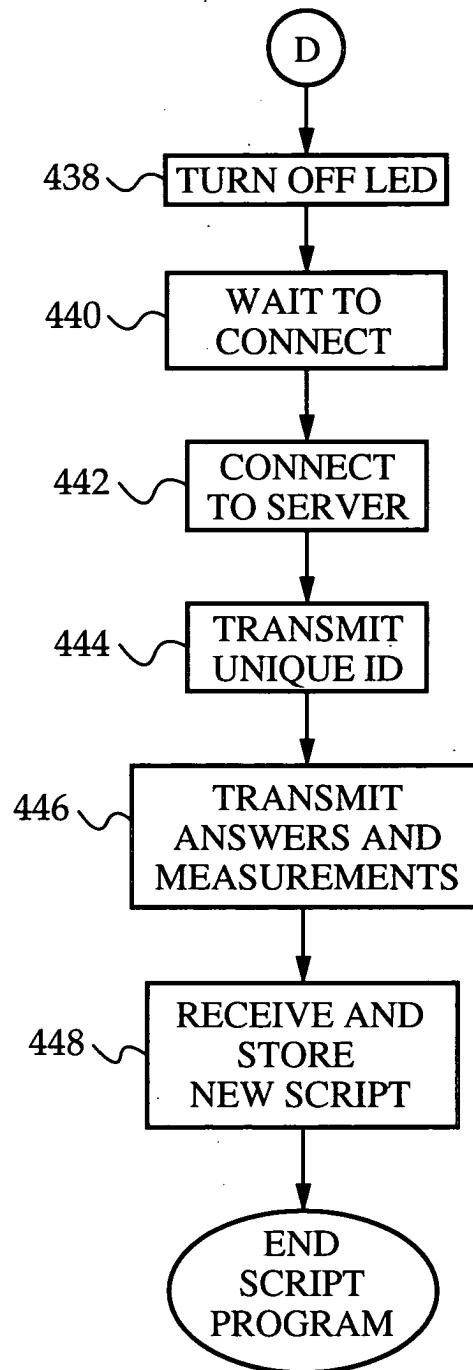


FIG. 15C

46T2T 2424680

16/29

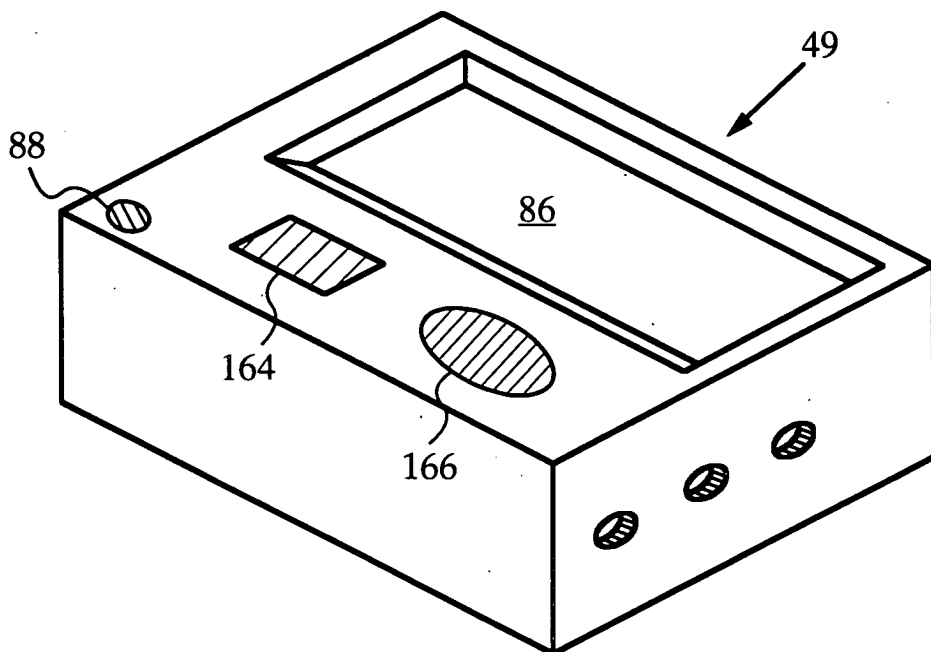


FIG. 16

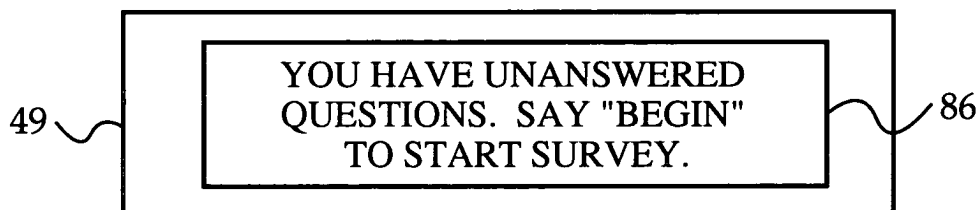


FIG. 17

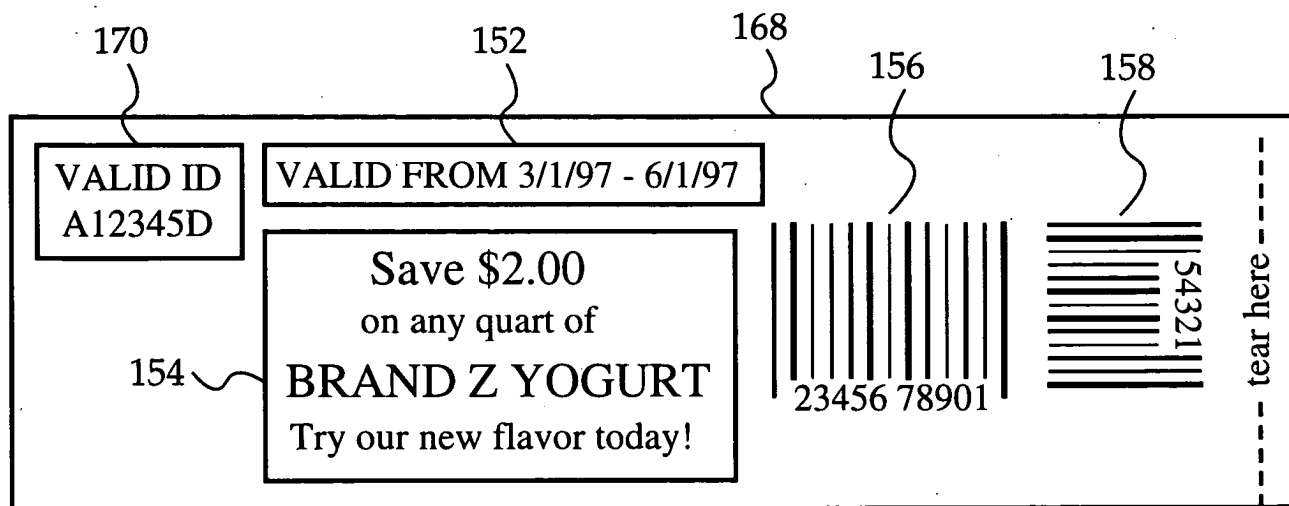


FIG. 18

03975243-113197

U.S. Pat. 1
CLASS
705 14

17/29

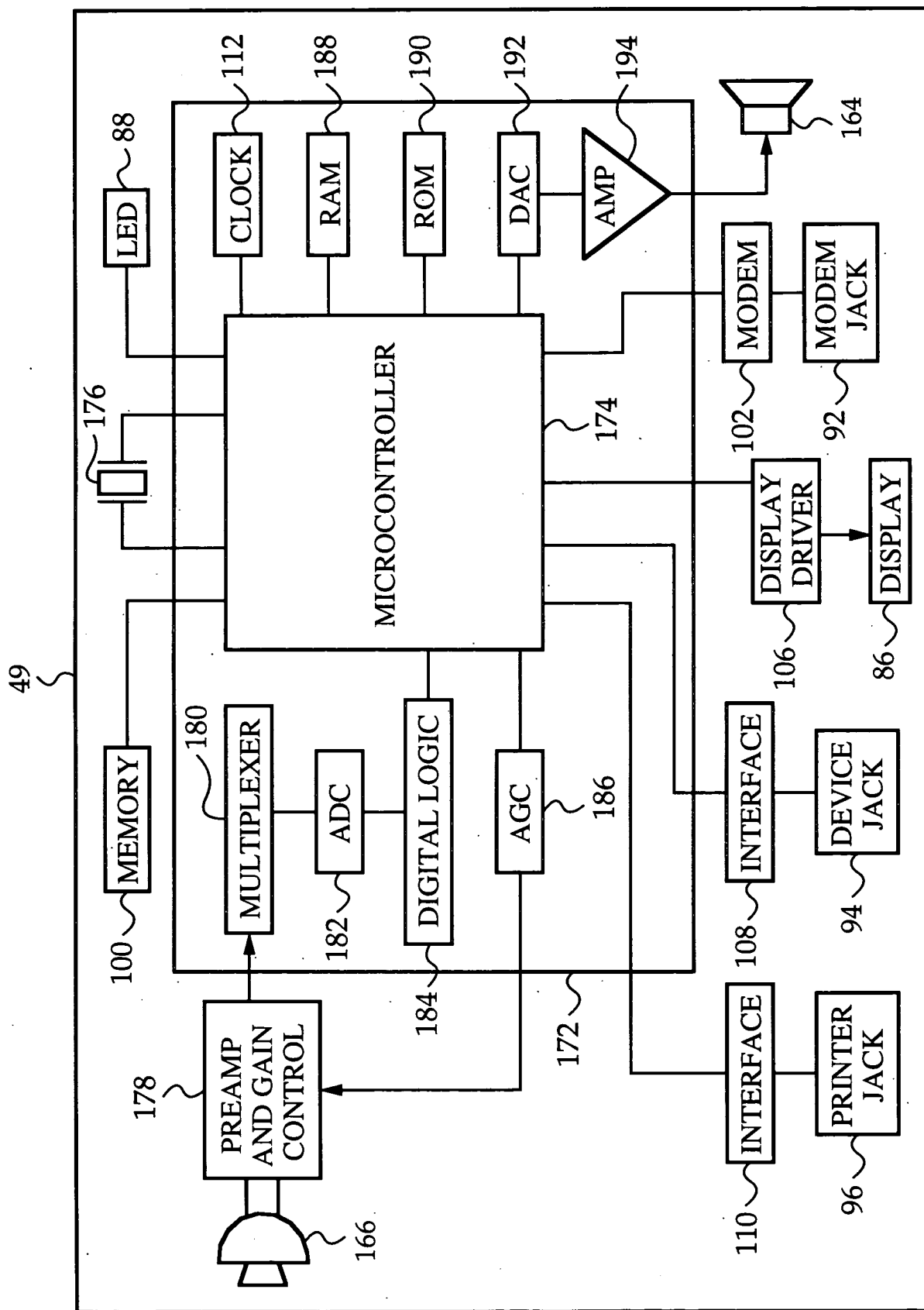


FIG. 19

18/29

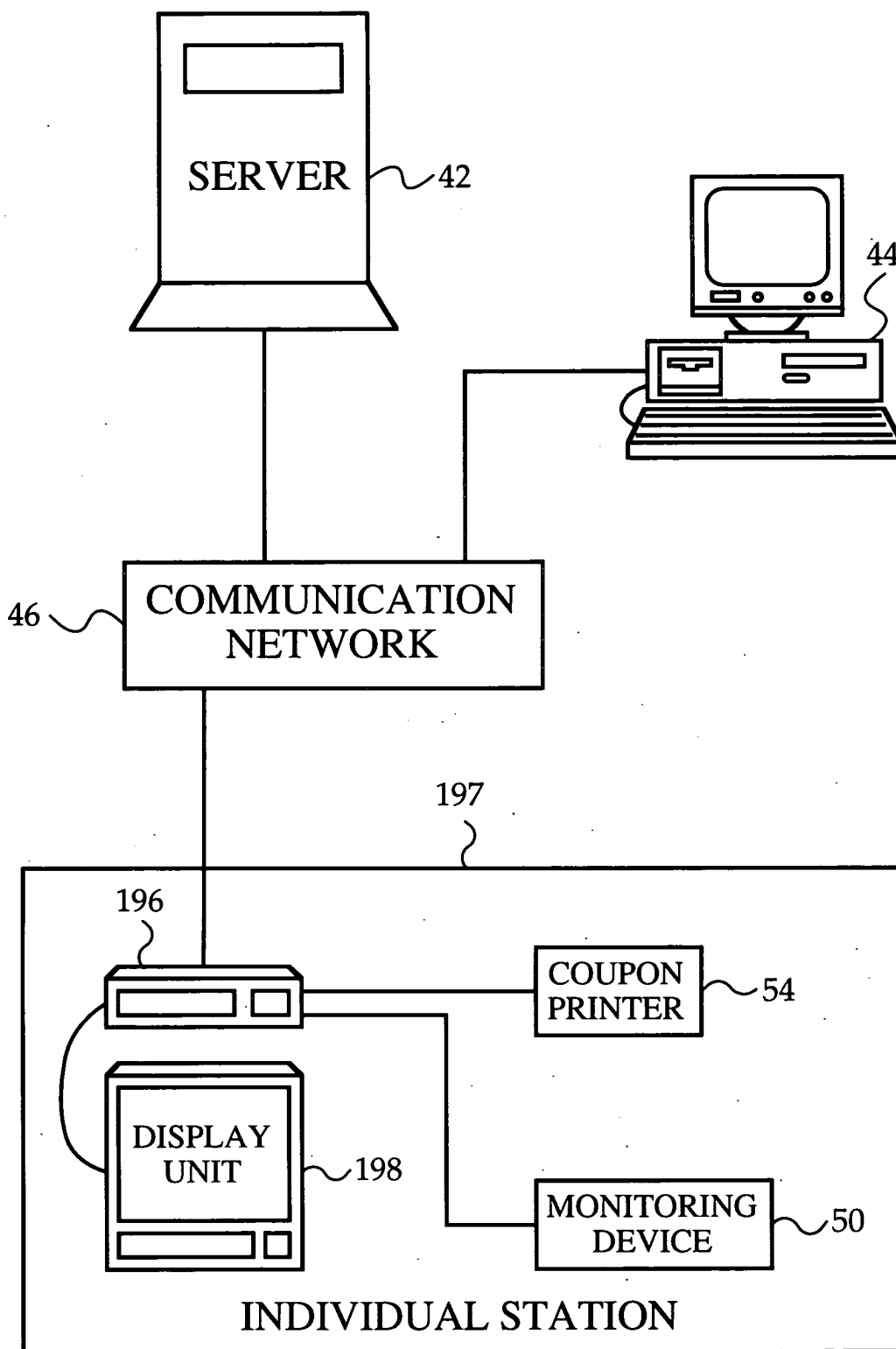


FIG. 20

0397643-119

19/29

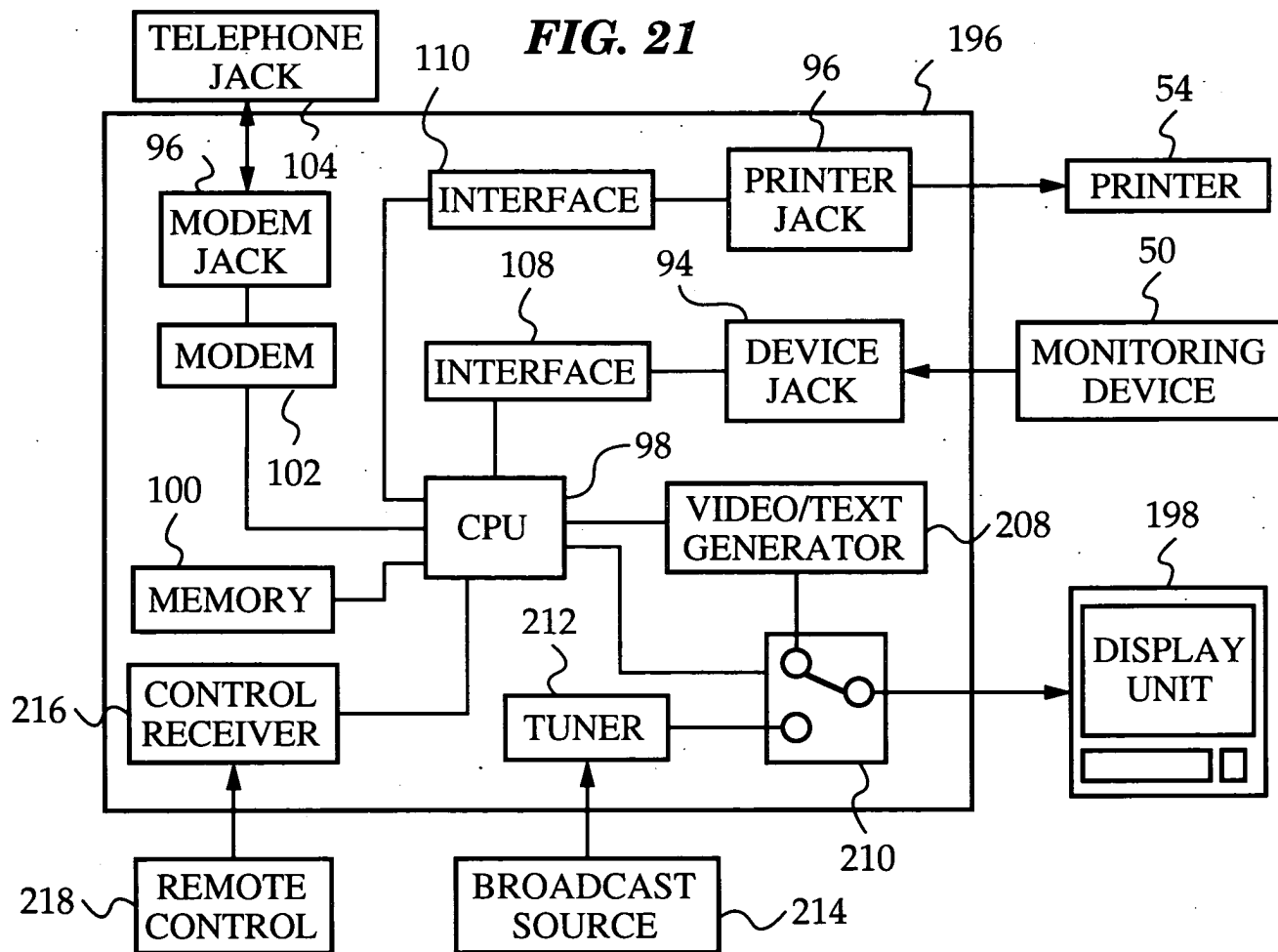
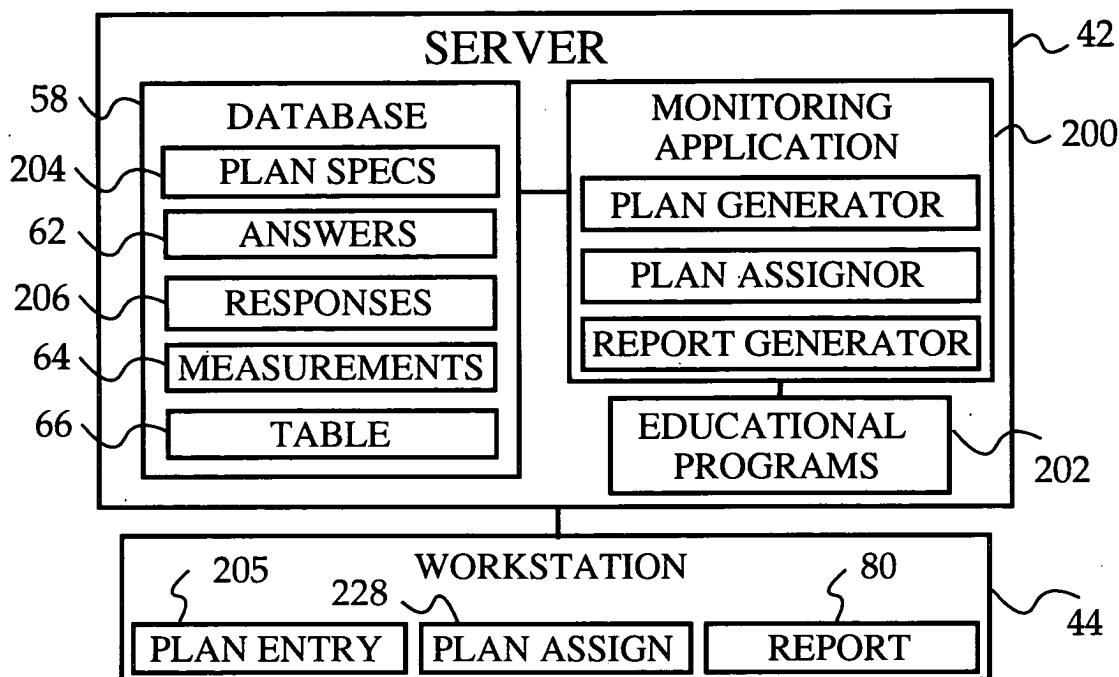


FIG. 22

4645449

20/29

205

PLAN SPECIFICATION SCREEN

PLAN NAME:

DIABETES PLAN 2

116

COMPLIANCE QUESTIONS

118

QUESTION 1

QUESTION 2

QUESTION 3

QUESTION 4

QUESTION 5

MONITORING DEVICE TYPE

124

☒ GLUCOSE MONITOR☐ BP CUFF☐ PEAK FLOW METER☐ WEIGHT SCALESELECT EDUCATIONAL PROGRAM

222

☒ TRAVELING WITH DIABETES☐ TREATING YOUR ASTHMA☐ SUCCESS IN WEIGHT LOSSSELECT EVALUATION CRITERIA

126

☒ MINIMUM MEASUREMENT VALUE

60 MG/DL

128

☒ MAXIMUM MEASUREMENT VALUE

320 MG/DL

☒ NUMBER OF MEASUREMENTS

14

☒ MINIMUM QUESTION SCORE

COMPLETED

☒ MINIMUM PROGRAM SCORE

COMPLETED

SELECT COUPON TYPE

130

☒ SUGAR-FREE FROZEN YOGURT☐ SUGAR-FREE FRUIT BAR☐ SUGAR-FREE POPSICLE

OK

224

MONITORING INTERVAL:

7 DAYS



134

CANCEL

226

FIG. 23

21/29

228

PLAN ASSIGNMENT SCREEN

AVAILABLE PLANS:	PATIENTS:
<input checked="" type="checkbox"/> <u>DIABETES PLAN 1</u>	<input checked="" type="checkbox"/> <u>DAN LINDSEY</u>
<input type="checkbox"/> <u>DIABETES PLAN 2</u>	<input type="checkbox"/> <u>MARK SMITH</u>
<input type="checkbox"/> <u>OBESITY PLAN 1</u>	<input type="checkbox"/> <u>DEAN JONES</u>

230

232

236

234

238

FIG. 24

198

COMPLIANCE QUESTIONNAIRE

1. HOW WELL ARE YOU FOLLOWING YOUR TREATMENT PLAN? PLEASE ENTER A NUMBER AS FOLLOWS:
1 = VERY BADLY, 2 = BADLY, 3 = WELL, 4 = VERY WELL 2
2. HOW MANY HYPOGLYCEMIC EPISODES HAVE YOU HAD IN THE PAST WEEK? 1
3. HOW MANY HYPERGLYCEMIC EPISODES HAVE YOU HAD IN THE PAST WEEK? 0
4. DID YOU TEST YOUR BLOOD SUGAR BEFORE BREAKFAST THIS MORNING? PLEASE ENTER A NUMBER AS FOLLOWS:
1 = YES, 2 = NO 1
5. DID YOU EXERCISE TODAY? PLEASE ENTER A NUMBER AS FOLLOWS: 1 = YES, 2 = NO 2

FIG. 25

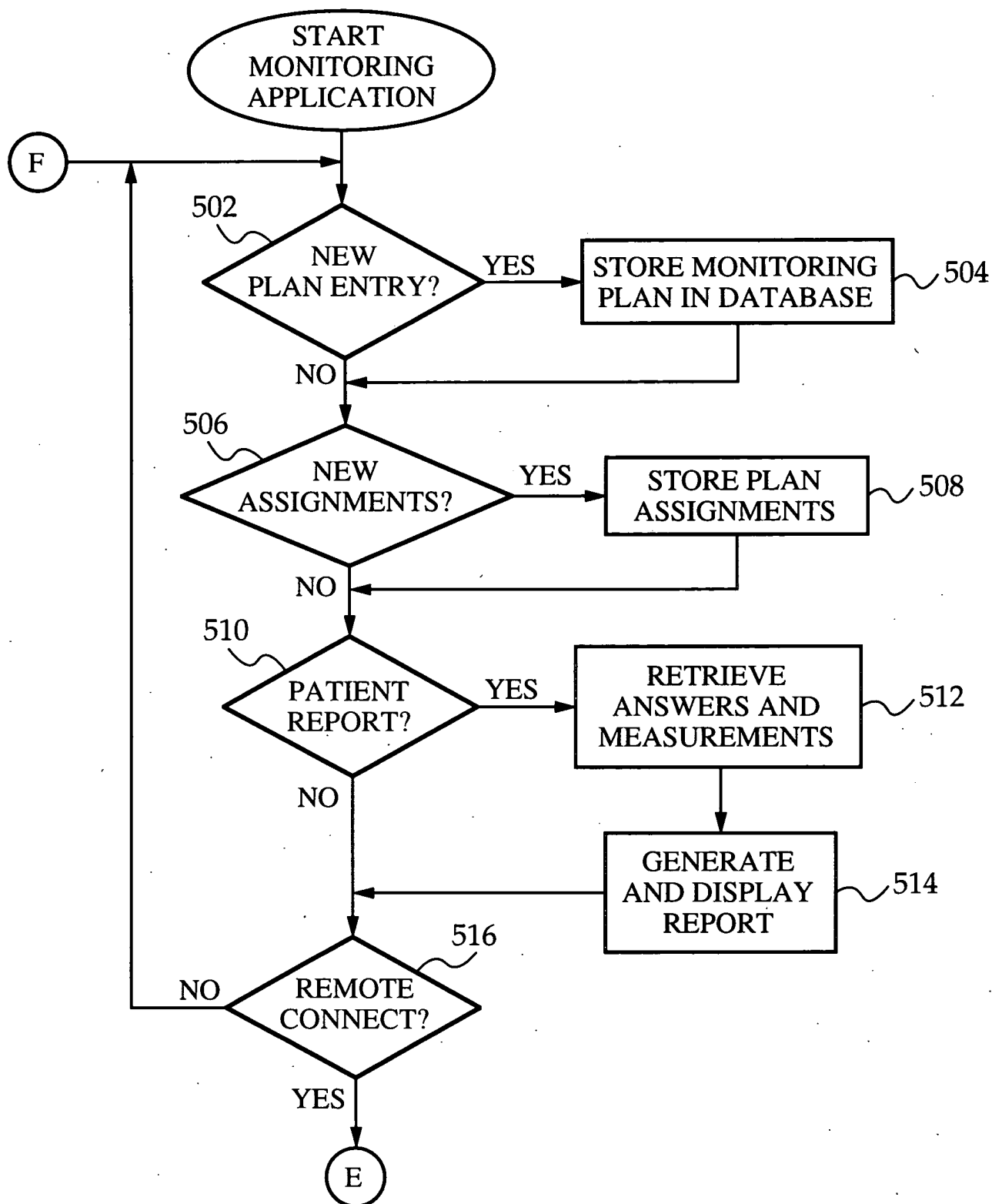
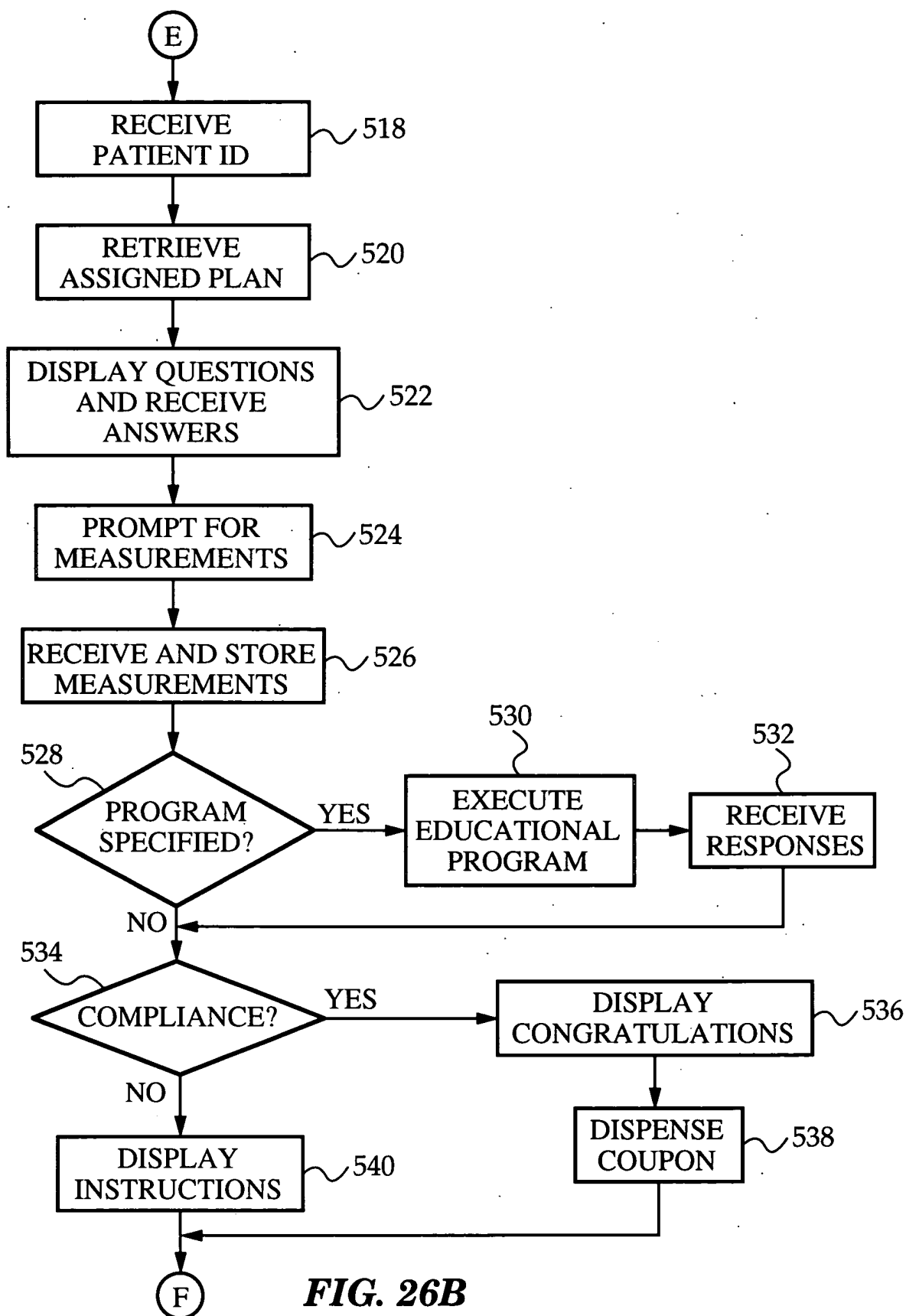


FIG. 26A



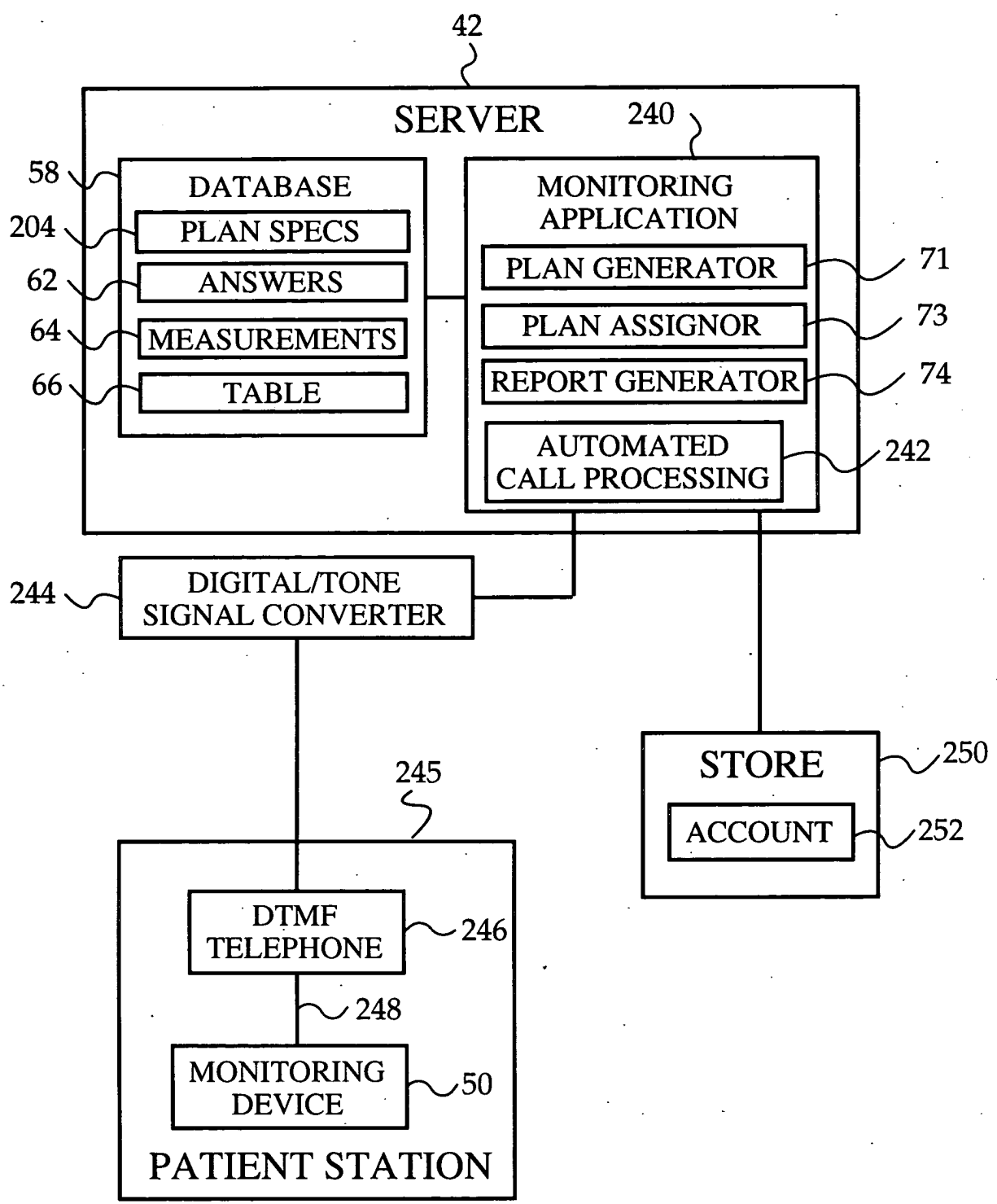


FIG. 27

25/29

207

PLAN SPECIFICATION SCREEN

PLAN NAME:

DIABETES PLAN 1

116

COMPLIANCE QUESTIONS

124

MONITORING DEVICE TYPE

118

QUESTION 1

QUESTION 2

QUESTION 3

QUESTION 4

QUESTION 5

☒ GLUCOSE MONITOR

☐ BP CUFF

☐ PEAK FLOW METER

☐ WEIGHT SCALE

SELECT EVALUATION CRITERIA

126

☒ MINIMUM MEASUREMENT VALUE

60 MG/DL

☒ MAXIMUM MEASUREMENT VALUE

320 MG/DL

☒ NUMBER OF MEASUREMENTS

14

☒ MINIMUM QUESTION SCORE

COMPLETED

128

SELECT REWARD ACCOUNT

254

☒ FIFTH STREET PHARMACY

☐ ALLEN'S DEPARTMENT STORE

☐ BOB'S SUPERMARKET

MONITORING INTERVAL:

7 DAYS



134

OK

224

CANCEL

224

FIG. 28

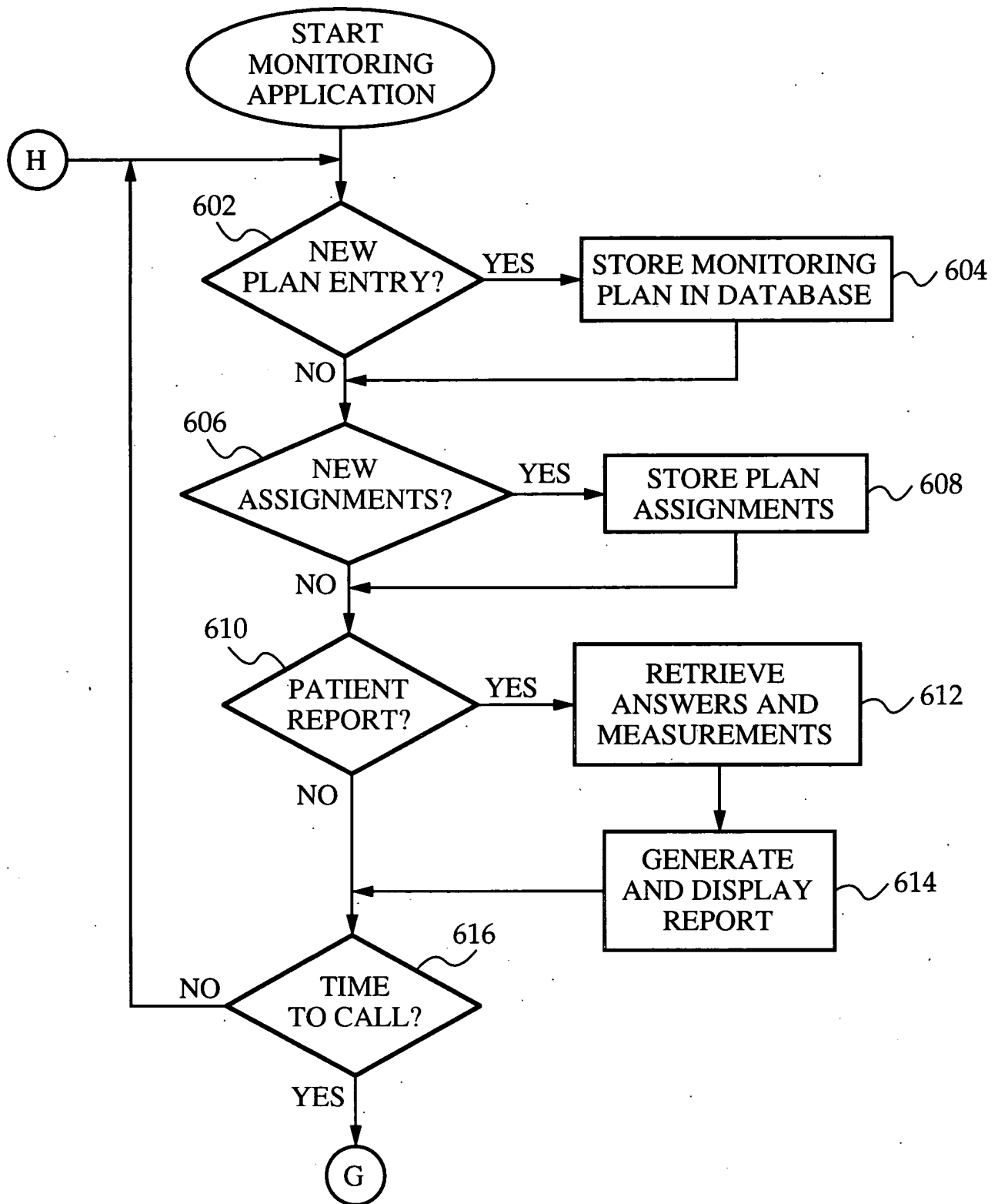


FIG. 29A

03975243-112197

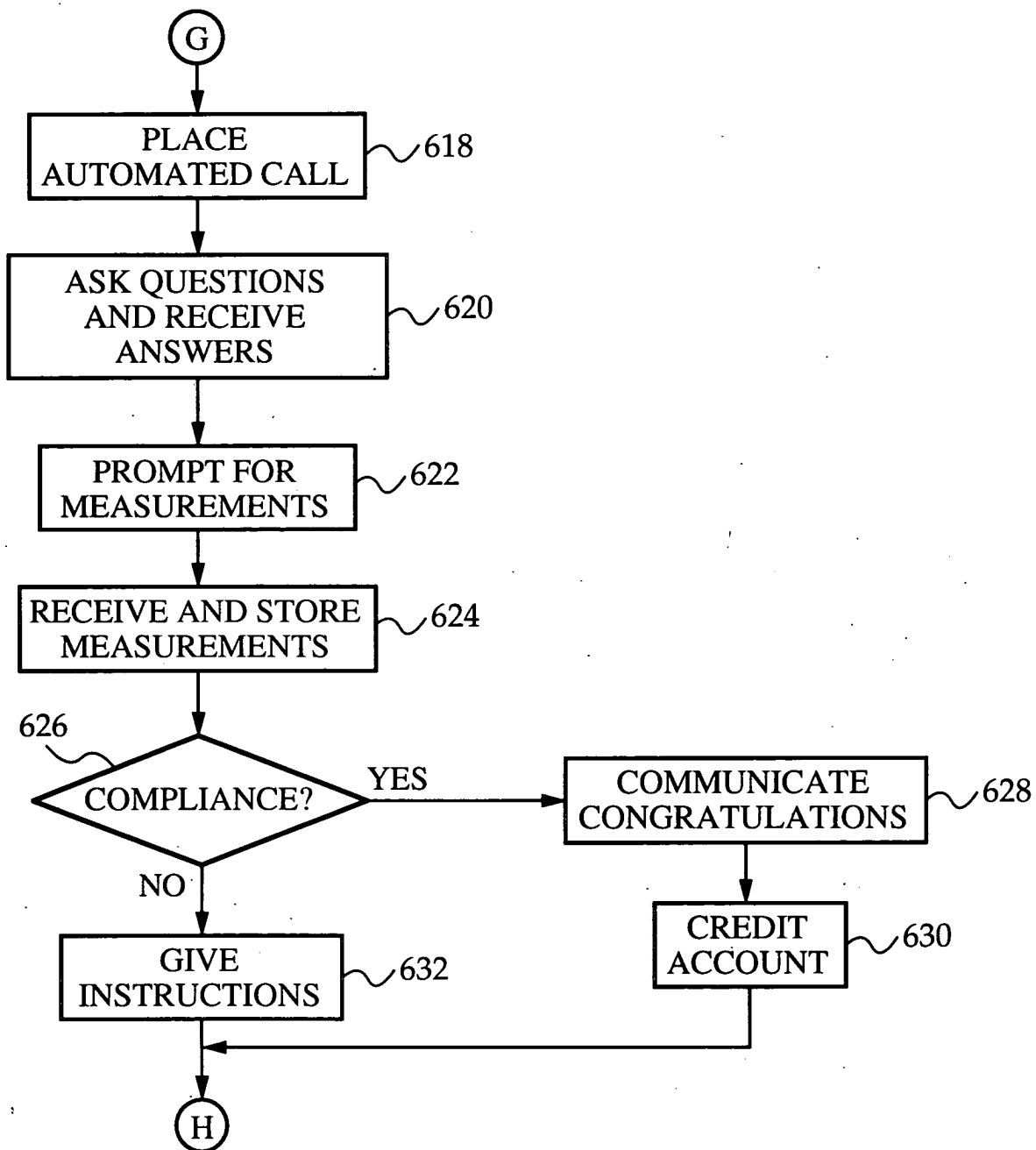


FIG. 29B

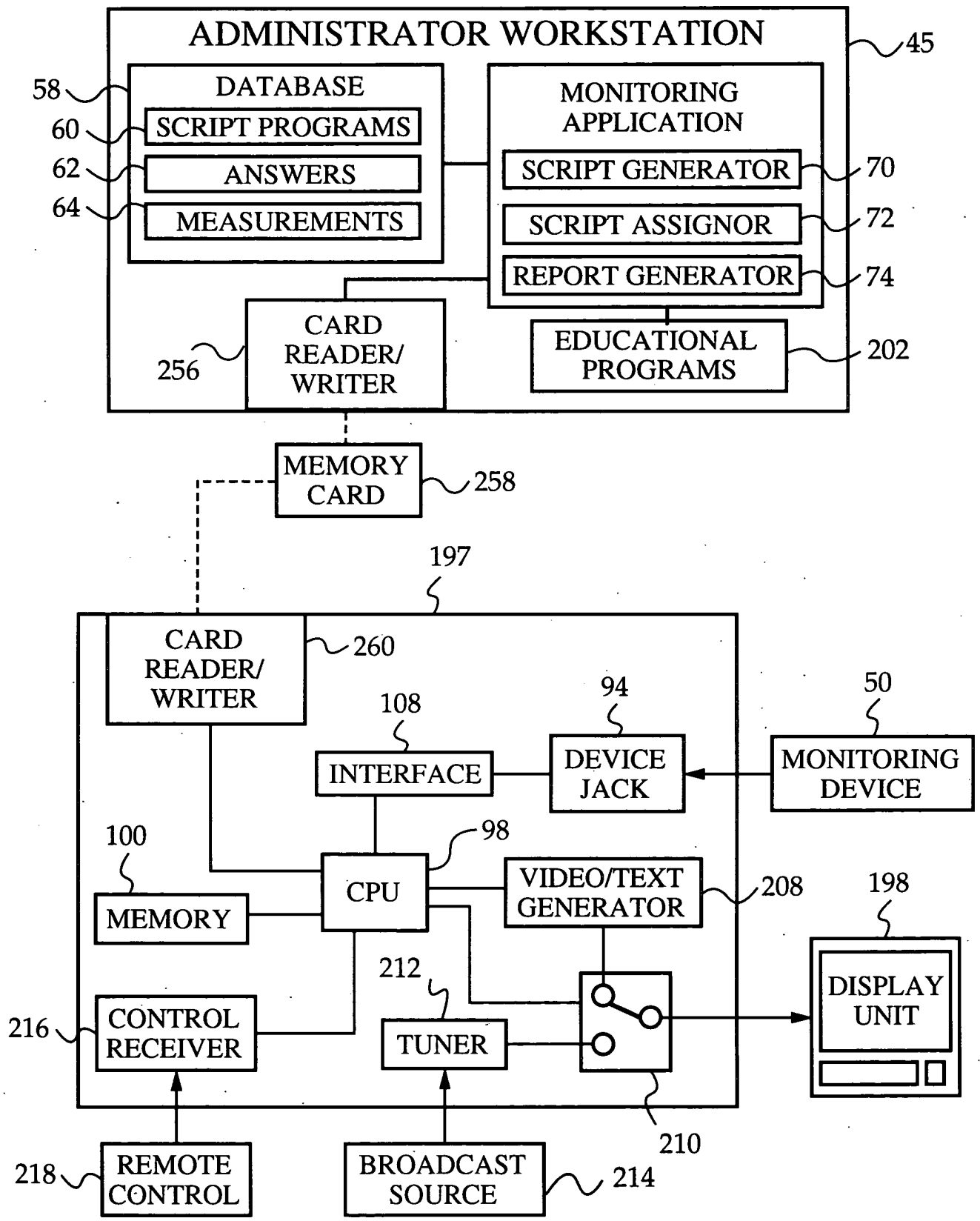


FIG. 30

467231 24254680

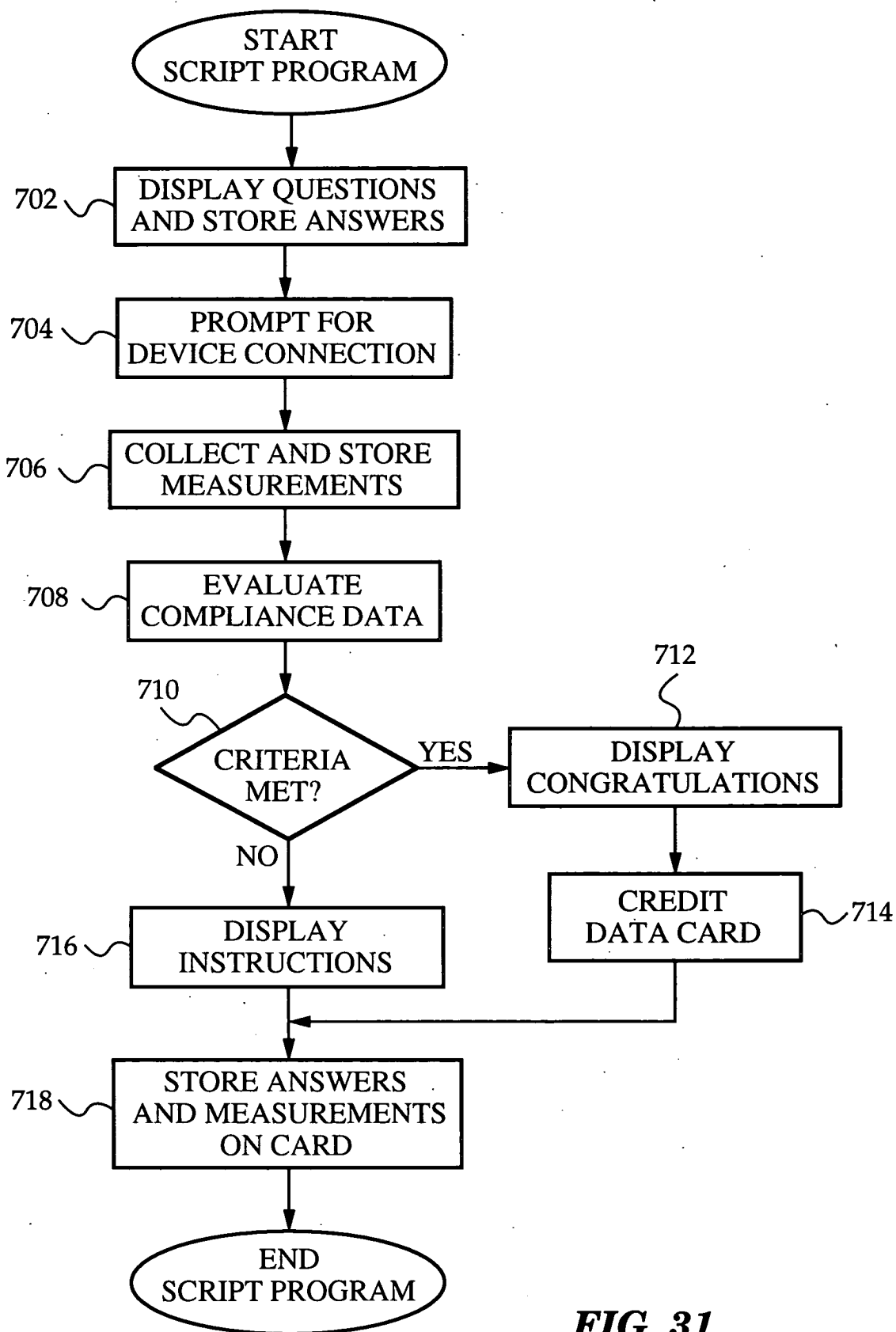


FIG. 31